

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506520

FILING DATE

10/2

APPLICANT(S)

9-3-04 12-3-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19						1
20						1
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						1
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.			1			
TOTAL DEP.				17		
TOTAL CLAIMS			1	18		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						1
60						1
61						1
62						1
63						1
64						1
65						1
66						1
67						1
68						1
69						1
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					1	
TOTAL DEP.						68
TOTAL CLAIMS					1	69

2082

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506520

FILING DATE

APPLICANT(S)

3rd Amdt

CLAIMS

	01-31-05				
		IND	DEP	IND.	DEP.
1	1				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	67					
TOTAL CLAIMS	68					